

## FEC FORM 3L

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SECRETARY OF THE SENATEREPORT OF CONTRIBUTIONS BUNDLED BY  
LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

14 JUL 17 PM 3:27

1. NAME OF COMMITTEE (in full) USE FEC MAILING OR TYPE OR PRINT Example: if typing, type over the lines. 12FE4M5  
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

ADDRESS (number and street) 120 Maryland Ave NE

Check if different  
than previously  
reported (ACC)

Washington

CITY

DC  
STATE

20002

ZIP CODE

## 2. FEC IDENTIFICATION NUMBER

C00042366

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

## 4. STATE DISTRICT

For Candidates Only

## 5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☐ July 15Quarterly Report (Q2)  
and/or Semi-annual Report☐ October 15

Quarterly Report (Q3)

☐ January 31Year End Report (YE)  
and/or Semi-annual Report

July 31 Mid-Year Report

☐ (Non-election Year -  
Party/PAC) (MY) and/or  
Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year only)  
☒ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or  
Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or  
Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Special (12S) ☐ Convention (12C)

Election on in the State of

This report also covers  
the semi-annual period☐  
See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on in the State of

This report also covers  
the semi-annual period☐  
See Line 6(b)

## 6. Covered Period(s)

This report covers

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

02/01/2014

through

02/28/2014

(b) Semi-Annual Covered Period

and/or ☐ January 1 - June 30☐ July 1 - December 317. Total Reportable Bundled Contributions by  
Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

\$491,999.97

(b) Semi-Annual Covered Period

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Deanna Nesburg

Signature of Treasurer

07/17/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3L  
02/2009